AMENDMENT TRANSMITTAL LETTER						Docket No. 0033-0884P	
Application No. 10/602,758-Conf. #2343		Filing Date June 25, 2003		Examiner T. Gesesse		Art Unit 2618	
Applicant(s): You	chi OHGAMi e						
	OD, SYSTEM A			M USING A RELAY ON	DEVICE	FOR	
MS AF Commissioner for P.O. Box 1450 Alexandria, VA 22: Transmitted here	313-1450 with is an ame						
The fee has been	n calculated an						
	Claims Remaining After Amendment	CLAIM Highest Number Previously Paid	Number Extra Claims Present	DED Rate			
Total Claims	11	- 24 =	0	x 50.00	 	0.00	
Independent Claims	3	- 3 =	0	x 210.00		0.00	
Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
Large Entity No additional fee is required for this amendment. Please charge Deposit Account No In the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ is enclosed. Payment by credit card. Form PTO-2038 is attached.							
X The Director as described X Credit ar	is hereby auth below. A dup ny overpaymen	orized to chan licate copy of t	ge and credit this sheet is e				
Michael R. Cam Attorney Reg. N	WYWW	17	n processing t	ees required under Dated:			
BIRCH, STEWA 8110 Gatehouse Suite 100 East P.O. Box 747 Falls Church, Vi (703) 205-8000	e Road		.P				